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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) Initial Appointment Amended Statement

CandidateCandidate Name: **Daniel R Hawkins**Address: **9406 Harvest LN**

Address2:

City: **Wichita** Zip: **67212-4218**Home Phone: **(316) 722-7307** Business Phone: **(316) 722-7307** Cell Phone: **(316) 371-1667**County: **Sedgwick** Email Address: **dhawkins@hawkinsgroupinc.com**Office Sought: **State Representative** District No.: **100****Treasurer**Date Appointed: **06/11/2012**Treasurer Name: **Diane Hawkins**Address: **9406 Harvest LN**

Address2:

City: **Wichita** State: **KS** Zip: **67212-4218**Home Telephone: **(316) 722-7307** Business Phone: **(316) 204-4313** Cell Phone: **(316) 208-1249**Email Address: **ddiane.hawkins@cox.net****Candidate
Committee**

Date Appointed:

Chairperson's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/27/2012 1:24:15 PM** Signature of Candidate: **Daniel R. Hawkins**[Print this form](#) or [Go Back](#)